

CITY OF CHELSEA

SNOW REMOVAL SERVICE AGREEMENT

The City of Chelsea invites applications from persons or firms interested in entering into a contract to provide snow plowing and/or removal services on the roadways and paved areas of public facilities, school parking lots and walkways and access ways on an as-needed basis.

Interested applicants must carry liability insurance of \$100K / \$300K, worker's compensation, if applicable, and automobile liability of \$250K / \$500K.

Applications are available at the DPW office, 500 Broadway, Room 310, Chelsea, MA or visit http://www.chelseama.gov/Public_Documents/chelseama_dpw/hireplow.pdf. Please call 617-466-4200 for more information.

The City of Chelsea is seeking applications to provide snow removal services for the Chelsea Department of Public Works. Pursuant to Section 1(b) (17) of Chapter 30B of the General Laws, the provisions of Chapter 30B itself shall not apply to this contract. Therefore, this request for snow plow services is made under the general authority of the City of Chelsea, and no other.

The City of Chelsea is an Equal Opportunity Employer. The City encourages MBE/WBE participation in response to the application request.

Department of Public Works

Application for On-Call Snow Plowing and/or Sanding of City Streets and Property

Submittal Sheet

Nov 07

Name: _____ Company: _____
Address: _____ (street address) _____ (city) _____ (state) _____ (zip code)
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Beeper: _____
Answering Service: _____
MBE/WBE Status: ☐ MBE ☐ WBE

List Previous Plowing Experience: _____

List References: _____

(name) _____ (address) _____ (telephone number)

(name) _____ (address) _____ (telephone number)

(name) _____ (address) _____ (telephone number)

List Vehicles by Vehicle Number

Vehicle	Year	Make	Model	Type	Mileage	Plate #	V.I. N.	Equipment	Rate Code from Rate Sheet
1									
2									
3									
4									
5									
6									

List Drivers by Vehicle Number

Vehicle	Name	Address	D.O.B	License Number and State	Class of License
1					
2					
3					
4					
5					
6					

I certify that the above information is true and correct and is submitted without collusion of any kind

I further certify that all my federal, state and local taxes have been paid

Submitted by: _____

(print name)

(signature)

(date)